

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

**DISTRICT OF DELAWARE**

Case number (if known): \_\_\_\_\_ Chapter you are filing under:

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

☐ Check if this is an  
amended filing

**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy****12/22**

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Imran**

First Name

Middle Name

**Mall**

Last Name

Suffix (Sr., Jr., II, III)

First Name

Middle Name

Last Name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names and any assumed, trade names and "doing business as" names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

Business name (if applicable)

Business name (if applicable)

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

Business name (if applicable)

Business name (if applicable)

Debtor 1 **Imran Mall**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 3 3 7 6

OR

9xx - xx - \_\_\_\_\_

4. Your Employer Identification Number (EIN), if any.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
EIN

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
EIN

5. Where you live

**120 Pondview Lane**

Number Street

\_\_\_\_\_

\_\_\_\_\_

**Seaford**

**DE**

**19973**

City

State

ZIP Code

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

**About Debtor 2 (Spouse Only in a Joint Case):**

xxx - xx - \_\_\_\_\_

OR

9xx - xx - \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
EIN

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
EIN

**If Debtor 2 lives at a different address:**

Number Street

\_\_\_\_\_

\_\_\_\_\_

City

State

ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

*Check one:*

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under

*Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7

☐ Chapter 11

☐ Chapter 12

☒ Chapter 13

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☒ No
- ☐ Yes.

|                |                |                   |
|----------------|----------------|-------------------|
| District _____ | When _____     | Case number _____ |
|                | MM / DD / YYYY |                   |
| District _____ | When _____     | Case number _____ |
|                | MM / DD / YYYY |                   |
| District _____ | When _____     | Case number _____ |
|                | MM / DD / YYYY |                   |

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No
- ☐ Yes.

|                |                               |
|----------------|-------------------------------|
| Debtor _____   | Relationship to you _____     |
| District _____ | When _____ Case number, _____ |
|                | MM / DD / YYYY if known       |
| Debtor _____   | Relationship to you _____     |
| District _____ | When _____ Case number, _____ |
|                | MM / DD / YYYY if known       |

**11. Do you rent your residence?**

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**

- ☐ No. Go to Part 4.  
☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

**Laurel Tire**

Name of business, if any

**29122 Sussex Highway**

Number Street

**Laurel DE, 19956**

City

State

ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☒ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines.* If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

- ☒ No  
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property?

Number Street

City

State

ZIP Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c.** State the type of debts you owe that are not consumer or business debts.**17. Are you filing under Chapter 7?**

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ No. I am not filing under Chapter 7. Go to line 18.  
☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☐ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**19. How much do you estimate your assets to be worth?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor 1 **Imran Mall**

Case number (if known) \_\_\_\_\_

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Imran Mall  
Imran Mall, Debtor 1

Executed on 08/02/2023  
MM / DD / YYYY

**X** \_\_\_\_\_  
Signature of Debtor 2

Executed on \_\_\_\_\_  
MM / DD / YYYY

Debtor 1 Imran Mall Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X** /s/ Neil F.Dignon, Esquire Attorney at Law Date 08/02/2023  
Signature of Attorney for Debtor MM / DD / YYYY

Neil F.Dignon, Esquire Attorney at Law  
Printed name

Neil F. Dignon, Esquire, Attorney at Law  
Firm Name

20127 Office Circle  
Number Street

Georgetown DE 19947  
City State ZIP Code

Contact phone (302) 725-0288 Email address N.Dignon@neilfdignon.com

3625 DE  
Bar number State



**Fill in this information to identify your case:**

|   |              |             |             |
|---|--------------|-------------|-------------|
| Debtor 1  | <u>Imran</u> |             | <u>Mall</u> |
|   | First Name   | Middle Name | Last Name   |
| Debtor 2  |              |             |             |
| (Spouse, if filing)   | First Name   | Middle Name | Last Name   |
| United States Bankruptcy Court for the: <u>DISTRICT OF DELAWARE</u> |              |             |             |
| Case number   |              |             |             |
| (if known)  |              |             |             |

☐ Check if this is an amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

|            |  |                   |               |                   |
|------------|--|-------------------|---------------|-------------------|
| <b>2.1</b> | <b>Describe the property that secures the claim:</b> | <b>\$8,913.00</b> | <b>\$0.00</b> | <b>\$8,913.00</b> |
|------------|--|-------------------|---------------|-------------------|

**Santander Consumer USA, Inc**

Creditor's name

**Attn: Bankruptcy**

Number Street

**PO Box 961245****Vehicle****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset)

**Automobile****Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 07/2016 Last 4 digits of account number 1 0 0 0

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$8,913.00**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

**\$8,913.00**

**Fill in this information to identify your case:**

|   |              |             |             |
|---|--------------|-------------|-------------|
| Debtor 1  | <u>Imran</u> |             | <u>Mall</u> |
|   | First Name   | Middle Name | Last Name   |
| Debtor 2  |              |             |             |
| (Spouse, if filing)   | First Name   | Middle Name | Last Name   |
| United States Bankruptcy Court for the: <u>DISTRICT OF DELAWARE</u> |              |             |             |
| Case number   |              |             |             |
| (if known)  |              |             |             |

☐ Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.  
☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|                | Total claim | Priority amount | Nonpriority amount |
|----------------|-------------|-----------------|--------------------|
| <div>2.1</div> | \$0.00      | \$0.00          | \$0.00             |

**Delaware Division of Revenue**

Priority Creditor's Name

c/o Edward J. Kosmowski, Esquire

Number Street

Carvel State Office BuildingWilmington

City

DE

State

19801

ZIP Code

**Who incurred the debt?**

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

**Part 1: Your PRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

| Total claim   | Priority amount | Nonpriority amount |
|---------------|-----------------|--------------------|
| <b>\$0.00</b> | <b>\$0.00</b>   | <b>\$0.00</b>      |

2.2

**Internal Revenue Service**

Priority Creditor's Name

Number Street

**Kansas City MO 64999-0202**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

2.3

**Neil F. Dignon, Esquire, Attorney at Law**

Priority Creditor's Name

**20771 Professional Park Blvd**

Number Street

**Unit 1 2d Floor**

**Georgetown DE 19947**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred? **08/02/2023**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☒ Other. Specify

**Attorney fees for this case**

**\$2,000.00 \$2,000.00 \$0.00**

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim****4.1****Bank of Delmarva**

Nonpriority Creditor's Name

**2245 Northwood Drive**

Number Street

**Salisbury****MD****21801**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**4.2****Capital One**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**PO Box 30285****Salt Lake City****UT****84130**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **9 9 5 1**When was the debt incurred? **04/2018****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

**Purchase Money****\$360.00**Last 4 digits of account number **0 9 7 4**When was the debt incurred? **04/2021****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

**Credit Card****\$606.00**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**4.3\$565.00**Capital One**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**PO Box 30285****Salt Lake City****UT****84130**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.4\$1,748.00**Capital One/Walmart**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**P.O. Box 30285****Salt Lake City****UT****84130**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.5\$1,793.00**Credit One Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy Department**

Number Street

**6801 Cimarron Rd****Las Vegas****NV****89113**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 2 0 0 4When was the debt incurred? 09/2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**Last 4 digits of account number 0 7 8 1When was the debt incurred? 05/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Charge Account**Last 4 digits of account number 4 2 6 6When was the debt incurred? 10/2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**4.6\$538.00**First Premier Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**PO Box 5524****Sioux Falls****SD 57117**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.7\$1,047.00**First Premier Bank Card**

Nonpriority Creditor's Name

**P.O. Box 5147**

Number Street

**Sioux Falls****SD 57117-5147**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.8\$2,190.00**Tidal Health**

Nonpriority Creditor's Name

**P.O. Box 2498**

Number Street

**Salisbury****MD 21802**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 5 1 1 8When was the debt incurred? 03/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**Last 4 digits of account number 7 0 3 2When was the debt incurred? 06/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 05/31/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**American Profit Recovery**

Name

**Attn: Bankruptcy**

Number Street

**34505 W 12 Mile Road #333**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Farmington Hills**

**MI**

**48331**

City

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

**First Collect**

Name

**P.O. Box 102**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Lewes**

**DE**

**19958**

City

State

ZIP Code

Last 4 digits of account number 8 3 1 9

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |   | Total claim             |
|--------------------------|---|-------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations  | 6a. <u>\$0.00</u>       |
|                          | 6b. Taxes and certain other debts you owe the government                    | 6b. <u>\$0.00</u>       |
|                          | 6c. Claims for death or personal injury while you were intoxicated          | 6c. <u>\$0.00</u>       |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$2,000.00</u> |
|                          | 6e. Total. Add lines 6a through 6d.   | 6d. <u>\$2,000.00</u>   |

|                          |   | Total claim             |
|--------------------------|---|-------------------------|
| Total claims from Part 2 | 6f. Student loans   | 6f. <u>\$0.00</u>       |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. <u>\$0.00</u>       |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. <u>\$0.00</u>       |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. + <u>\$8,847.00</u> |
|                          | 6j. Total. Add lines 6f through 6i.   | 6j. <u>\$8,847.00</u>   |



**Fill in this information to identify your case:**

|   |              |             |             |
|---|--------------|-------------|-------------|
| Debtor 1  | <u>Imran</u> |             | <u>Mall</u> |
|   | First Name   | Middle Name | Last Name   |
| Debtor 2  |              |             |             |
| (Spouse, if filing)   | First Name   | Middle Name | Last Name   |
| United States Bankruptcy Court for the: <u>DISTRICT OF DELAWARE</u> |              |             |             |
| Case number<br>(if known)   |              |             |             |

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

**Person or company with whom you have the contract or lease****State what the contract or lease is for****2.1 Aaron's Sales & Lease**

Name  
Attn: Legal Dept  
Number Street  
400 Galleria Pkwy SE, Suite 300

**Lease**  
**Contract to be REJECTED**

Atlanta GA 30339  
City State ZIP Code

**2.2 West Laurel LLC**

Name  
c/o Brian E. Farnan, Esquire  
Number Street  
Farnan LLP

**Commercial real estate lease**  
**Contract to be ASSUMED**

Wilmington DE 19801  
City State ZIP Code

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE**

In re **Imran Mall**

Case No. \_\_\_\_\_

Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|  |                          |
|--|--------------------------|
| For legal services, I have agreed to accept.....           | <u><b>\$3,500.00</b></u> |
| Prior to the filing of this statement I have received..... | <u><b>\$1,500.00</b></u> |
| Balance Due.....   | <u><b>\$2,000.00</b></u> |

2. The source of the compensation paid to me was:

☒ Debtor                      ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor                      ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**08/02/2023**

*Date*

**/s/ Neil F.Dignon, Esquire Attorney at Law**

*Neil F.Dignon, Esquire Attorney at Law*

Bar No. 3625

Neil F. Dignon, Esquire, Attorney at Law

20127 Office Circle

Georgetown, DE 19947

Phone: (302) 725-0288 / Fax: (800) 494-8413

**/s/ Imran Mall**

***Imran Mall***

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

IN RE: **Imran Mall**

CASE NO

CHAPTER **13**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 8/2/2023

Signature /s/ Imran Mall  
Imran Mall

Date \_\_\_\_\_

Signature \_\_\_\_\_

Aaron's Sales & Lease  
Attn: Legal Dept  
400 Galleria Pkwy SE, Suite 300  
Atlanta, GA 30339

Imran Mall  
120 Pondview Lane  
Seaford, DE 19973

American Profit Recovery  
Attn: Bankruptcy  
34505 W 12 Mile Road #333  
Farmington Hills, MI 48331

Internal Revenue Service  
Kansas City, MO 64999-0202

Bank of Delmarva  
2245 Northwood Drive  
Salisbury, MD 21801

Neil F. Dignon, Esquire, Attorney  
20771 Professional Park Blvd  
Unit 1 2d Floor  
Georgetown, DE 19947

Capital One  
Attn: Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130

Santander Consumer USA, Inc  
Attn: Bankruptcy  
PO Box 961245  
Fort Worth, TX 76161

Capital One/Walmart  
Attn: Bankruptcy  
P.O. Box 30285  
Salt Lake City, UT 84130

Tidal Health  
P.O. Box 2498  
Salisbury, MD 21802

Credit One Bank  
Attn: Bankruptcy Department  
6801 Cimarron Rd  
Las Vegas, NV 89113

West Laurel LLC  
c/o Brian E. Farnan, Esquire  
Farnan LLP  
919 North Market Street-12th Floor  
Wilmington, DE 19801

Delaware Division of Revenue  
c/o Edward J. Kosmowski, Esquire  
Carvel State Office Building  
Wilmington, DE 19801

First Collect  
P.O. Box 102  
Lewes, DE 19958

First Premier Bank  
Attn: Bankruptcy  
PO Box 5524  
Sioux Falls, SD 57117

First Premier Bank Card  
P.O. Box 5147  
Sioux Falls, SD 57117-5147